

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>003902</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/17/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>HEARTH AT PRESTWICK</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>182 S CR 550 E</b> <b>AVON, IN 46123</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	<p><b>INITIAL COMMENTS</b></p> <p>This visit was for a Post Survey Revisit (PSR) to the State Residential Licensure Survey completed on October 7, 2013..</p> <p>This visit was in conjunction with the Investigation of Complaint IN00139382.</p> <p>Survey dates: December 16, 17, 2013</p> <p>Facility number: 003902 Provider number: 003902 AIM number: N/A</p> <p>Survey team: Connie Landman RN-TC</p> <p>Census bed type: Residential: 122 Total: 122</p> <p>Census payor type: Other: 122 Total: 122</p> <p>Sample: 3</p> <p>Hearth at Prestwick was found to be in compliance with 410 IAC 16.2 in regard to the PSR to the State Residential Licensure Survey.</p> <p>Quality review completed on 12/17/2013 by Brenda Marshall Nunan, RN.</p>	{R 000}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE